

**Worker's Compensation Verification**

VCB-30-09073 (Rev. 12/2021)



CalVCB Application #:

**Victim Information**

Name \_\_\_\_\_ First, Middle, Last DOB \_\_\_\_\_  
 SSN \_\_\_\_\_ Date of Crime \_\_\_\_\_

**Temporary Disability Benefit**

Weekly gross wage upon which temporary benefits were based \_\_\_\_\_ \$Per Week  
 Weekly temporary disability benefit amount \_\_\_\_\_ \$Per Week  
 Total dollar amount paid for temporary disability benefits..... \$Total  
 Dates of temporary disability: From \_\_\_\_\_ To \_\_\_\_\_  
 Describe the injuries resulting in the disability \_\_\_\_\_  
 \_\_\_\_\_

**Permanent Disability Benefit**

Date the victim was considered permanent and stationary \_\_\_\_\_  
 Has a permanent award been made? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, Amount \$ \_\_\_\_\_ Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
 Expenses paid by permanent award:  

<b>Award Type</b>	<b>Amount of Award</b>	<b>Award Type</b>	<b>Amount of Award</b>
Medical .....	\$ _____	Death Benefits .....	\$ _____
Wage .....	\$ _____	Funeral/Burial .....	\$ _____
Rehabilitation .....	\$ _____	Other, please describe .....	\$ _____
Pain/Suffering.....	\$ _____		

Have all crime-related bills been paid? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, please explain \_\_\_\_\_  
 If rehabilitation benefits were paid: Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_  
 If death benefits were paid: To whom? \_\_\_\_\_  
 If funeral/burial benefits were paid: To whom? \_\_\_\_\_  
 If attorney fees were paid: Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Attorney Address \_\_\_\_\_



## Denial and Appeal Information:

If the claim was denied, please provide the denial letter and any supporting documentation.

Has an appeal been filed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Workers Compensation Appeals Board number \_\_\_\_\_

Status of the appeal \_\_\_\_\_

## DECLARATION:

I declare under penalty of perjury under the laws of the State of California (Penal Code sections 72, 118, and 129) that: I have read all of the questions contained on this verification form, and to the best of my information and belief, all my answers are true, correct, and complete. I further understand that if I have knowingly provided any information that is false, intentionally incomplete, or misleading, I may be found liable for filing a false claim with the State of California, and may be liable for up to three times the amount of damages the State of California sustains, in addition to the costs of a civil action brought to recover any of those penalties or damages; or for a civil penalty of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) for each false claim. (California Government Code, sections 12650-12656) Finally, I understand that if I have intentionally provided any information that is false, incomplete, or misleading, I may be guilty of a misdemeanor punishable by up to one year in the county jail and/or a fine of up to one thousand dollars (\$1,000), or a felony punishable by up to three years in state prison and/or a fine of up to ten thousand dollars, (\$10,000). (California Penal Code, sections 17, 18, and 72)

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
*Of the person completing this form*

Signature of the person named above \_\_\_\_\_ Date \_\_\_\_\_

### Mail completed application to:

California Victim Compensation Board  
PO Box 3036  
Sacramento, CA 95812-3036

**Fax:** 1-866-902-8669